



City of Burlington
300 N. Pine Street
Burlington, WI 53105
(262) 342-1161
Fax (262) 763-3474

Fee Paid _____

Receipt # _____

Type of License: _____

**Application for
Annual Weights and Measures License
(please print)**

Business Name:	Business Address:
Applicant Name:	Business Telephone:
	Applicant Address:
	Applicant Telephone:

The named ☐ Individual ☐ Partnership ☐ Limited Liability Co. ☐ Corporation

Hereby makes application for a ☐ New ☐ Renewal Weights and Measures License.

Type of Business: _____

Name and Address of Individual/Partners: (Use other side if more space is needed)

Last Name	First Name	Middle Initial	Street	City	State	Zip Code
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Last Name	First Name	Middle Initial	Street	City	State	Zip Code
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Corporation/Limited Liability Companies: (Give registered name)

Give Names and Addresses of all Officers and Agents:

President	Name	Address
Vice President	Name	Address
Secretary	Name	Address
Treasurer	Name	Address
Agent	Name	Address
Directors	Name	Address
Use other side if needed		

Type of Device	# of Devices	Location
Liquid Measuring Device (gas nozzles)	_____	_____
Truck Meters	_____	_____
Vehicle Scales	_____	_____
Counter Scales – up to 30 lbs.	_____	_____
Scales – 31 lbs and over	_____	_____
Point of Sale Systems (scales, register, scanner, combo)	_____	_____
Other – Please Designate	_____	_____

Authorized Signature _____

Application Date _____

Beverly R. Gill, City Clerk

Date Approved _____

Number of Check-Out Lanes: _____